

***High School Completion Program***  
**Approved Provider Application Form**

**Name of Applicant Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

.....

**Legal Structure of Organization:** \_\_\_\_\_

**Years in Operation:** \_\_\_\_\_ **License/Certification:** \_\_\_\_\_

**Organization's Mission:**

**Describe how providing educational services fits within your mission.**

**Years organization has provided educational services** \_\_\_\_\_

**Average # of students in attendance:** \_\_\_\_\_ **annually** \_\_\_\_\_ **at one time**

**Number of teachers:** \_\_\_\_\_ **employed** \_\_\_\_\_ **volunteer**

**Describe the preparation, training, and licensing of your teachers.**

**Describe the nature and extent of educational services the organization provides.** (who is taught; what is taught; how is it taught; scope and sequence; intensity and duration)

**Describe how you assess student progress and accomplishments. How are these related to the Vermont Framework of Standards? What do you maintain for student records of performance? Provide data on educational outcomes of your students.**

**Describe the instructional materials, equipment, and facilities the program has available to support your educational purposes.**

**Approximate annual budget for your educational program:** \_\_\_\_\_

**Do you have a certificate of occupancy from the Division of Fire Safety?** \_\_\_\_\_